

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33528**

FILED NOV 10 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4635</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <u>Missouri</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				c. CITY OR TOWN <u>Kansas City</u>		b. COUNTY <u>Jackson</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs</u>				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4136 Broadway</u>				e. STREET ADDRESS (If rural, give location) <u>4136 Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pauline</u>			b. (Middle) _____		c. (Last) <u>Shelby</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27, 55</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1895 Feb. 22, 1891</u>		9. AGE (in years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pleasant-Hill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Harry Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Cook</u>		14. NAME OF HUSBAND OR WIFE <u>William Shelby</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Shelby 4136 Broadway</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitosis to plasma</u> DUE TO (c) <u>Mitosis to pulp</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>19 mos</u> <u>2001</u>	
19a. DATE OF OPERATION <u>March '54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Breast - Lymphosarcoma (Lympho sarcoma)</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Y</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3-26</u> , 19 <u>54</u> , to <u>10-14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-14</u> , 19 <u>55</u> , and that death occurred at <u>10-14-55</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>G.M. Tice M.D.</u>				23b. ADDRESS <u>Univ of K. Medical Center</u>		23c. DATE SIGNED <u>10-28-55</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>10-30-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-28-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Manlove & Williams 1729 Lydaa</u>			

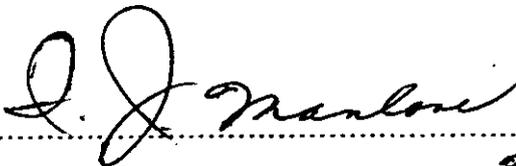
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 399

P. O. Address 3712 E. 30

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.